| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | Application of Decke: Number 0 507041 | | | |
|---|---|--|------------|---|-----------------------|--|----------|---------------|---------------------------------------|--------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER | | | | | | | | | | | | |
| 1 | TOTAL CLAIR | AS | (Cot | (Cotumn 2) | | | | TYPE | | | HTO IAMS ' RC | ER THAN |
| lt، | FOR | | | MANUEL CARE | | | 4 | HAT | Fē | _ | RAT | |
| ⊩ | TOTAL CHARGEABLE CLAIMS | | | ER FILED | NUA | BER EXTRA BASIC | | EE | _ | DA BASIC F | | |
| 11 | INDEPENDENT CLAIMS | | | minus 202 | • | - | - XS 9 | | • | | X\$16 | |
| _ | MULTIPLE DEPENDENT CLAIM PR | | | minus 3 s | | | | · X43= | | _]。 | R X86= | |
| • | I the differen | CP ID Column 1 | a lana sha | | | | , | +145= | | o | R -290= | |
| 1 | If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II | | | | | | | TOTAL | | :]° | R TOTAL | |
| 1 | 970 | (Cotumn 1) | | (Colum | (Column 2) (Column 3) | | | SMALI | ENTITY | O | OTHE R SMALL | R THAN ENTITY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | MIGHE MUMBI PREVIOU PAID FI | ER ISLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 3 | Total | <u> </u> | Minus | 1-21 | \mathcal{I} | | F | XS 9= | 1 | - - | XS18= | 1 |
| AR | Independent | FIRST PRESENTATION OF LIULTIPLE DE | | | -3 | | X43 | X43a · | 1 | | | |
| | | | OLIPCE D | TIPLE DEPENDENT CLASS | | | t | +145= | 1 | 1 | \ | 1. |
| ٠. | . 6 | • | | | • | | L | TOTAL | | OF | | |
| _ | 160 | (Column 1) | | (Column | _ | (Cálumn 3) | AE | OIT FEE | <u> </u> | " د | ADDIT, FEE | |
| AMENDRENI B | W. | REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| 5 | Total | . 8 | Minus | - 20 | 0 | | | XS 9= | | | X\$18= | FEE |
| | Incependent | . 2 | Minus | see : 5 | 3 | • | H | X49. | • | OR | Vee | |
| _1 | rator PRESE | NTATION OF MIL | RITIPLE DE | PENDENT CI | AM | | - | - | | OR | | |
| • | | | | | | | <u>_</u> | 145= TOTAL | | OR | +290= | |
| | | (Column 1) | | (Cotumn | 2¥ 4 | (Column 3) | | IT. FEE | | OR | ADDIT. FEE | |
| | • . | CLAIMS REMAINING AFTER AMENDMENT | • | HIGHEST NUMBER PREVIOUS PAID FOR | LY | PRESENT EXTRA | | ATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| 7 | Total | • | Minus | •• | | | T, | \$ 9= · | FEE | | V040 | _FEE_ |
| | ndapendent | | Minus | | | | \vdash | | | OR | X\$16= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43= | | | | | | | | | | X86= | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. APRIL SEC. | | | | | | | | | | OR | +290= | |
| ~ (1) | he Highest Nun | iber Previously Pak iber Previously Paid ier Previously Paid | FOR IN THE | S SPACE is test | than ; | 20, enter '20." | ADD | T FFF i | | OR ; | YOYAL DOIT. FEEL | |

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